

POSITION	INITIALS	FILE NO.	DATE
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>			
<b>FORMALITY REVIEW</b>	S/	TD	11/17/01
<b>RESPONSE FORMALITY REVIEW</b>	KL	1080	8-6-02

**INDEX OF CLAIMS**

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral) Canceled A ..... Appeal  
 - ..... Restricted O ..... Objected

Claim	Date
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Claim	Date
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**BEST AVAILABLE COPY**

If more than 150 claims or 10 actions  
staple additional sheet here

5-10-01  
S-10-01